CLINICAL NOTES AND CASE REPORTS

CARCINOMA OF THE LARYNX—ITS TREATMENT BY DIATHERMY

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HAVING made a diagnosis of carcinoma of the larynx, there immediately present themselves to the surgeon two problems which must be met at once:

1. Is the case operable, and by what method?
2. If inoperable, how best can one ease the patient's last days?

Diathermy has been used in the larynx for a great many years and has become progressively a method of choice in early cancer. My attention was called to its value mainly through a success in its use in a nonlaryngeal malignant growth, one involving the left tonsil with loss of the uvula and a part of the soft palate. Diathermy and radium were applied here some fifteen years ago with entire success, the patient being alive at the present time.

Succeeding this I used diathermy in a case of cancer of the vocal cord in a lawyer, after removing as much of the growth as possible by a double curette. This was all done by the direct method, per oram, under general anesthesia. At the time the whole vocal cord appeared to have been removed. Three months after the operation the patient appeared in the office with a normal voice and vocal cord and stated that he was carrying on his work in court with perfect ease. He died two years later of pneumonia, but up to the time of his death there had been no recurrence.

It is quite possible to apply the diathermy to any part of the larynx by the indirect method under local anesthesia, in this way producing a coagulation which is sufficient to destroy any small carcinoma in the early stages without destroying the function of the larynx or taking the chance of distribution of cancer cells by laryngofissure, as Mackenzie advocated at the Copenhagen Congress. In case the infiltration is more extensive, involving the cartilaginous wall, I doubt if fulguration is sufficient. Here a laryngofissure would not help, laryngectomy alone being indicated.

It seems to me, therefore, that diathermy is the method of choice in all cases of early cancer of the larynx when close inspection is not necessary. There is no objection to applying the diathermy under general anesthetic, even under ether, if the precaution is taken to allow the patient to take several breaths before turning on the current so as not to cause an explosion of the ether. In case a bronchoscope is used, the needle should be well covered with rubber to the tip, only a small portion being exposed and the needle being introduced well beyond the end of the scope.

In inoperable cases, with the growth practically occluding the passage, I have found diathermy of especial value. In these cases an extensive coagulation may be carried on with deep penetration of the needle into the tissues under local anesthesia and morphin. The amount of destruction that takes place frees the larynx of the obstruction, gives the patient air without a tracheotomy and eventually may produce a scar tissue which relieves the situation for years. There may be pain subsequent to the operation which may be controlled for a few days by morphin, but some of the patients do not complain at all.

This, in my hands, has been a much more humane method than an attempted laryngectomy with all its attendant unpleasant sequelae, and the lack of a tracheotomy tube is much appreciated by the patients. It is a simple matter to do this work; a repetition is just as simple and the patient may be carried over a terrible period in his life when breathing is generally extremely difficult and communication just as annoying. It is astonishing how much room may be obtained in a couple of days when only one side of the larynx is treated in this way, decreasing the pain and limiting the difficulty in swallowing.

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A SYRINGE FOR INTRAVAGINAL TREATMENT

By CLAIR WILSON, M. D.
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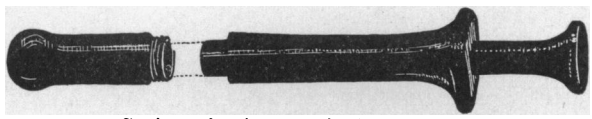
BELIEVING that any instrument materially assisting in the treatment of infections of the female vaginal tract is worthy of being brought to the attention of the profession, the following syringe is presented:

It is moulded black bakelite, 19.5 centimeters long when loaded, 15.5 centimeters long after injection, and is generally 2 centimeters in diameter. There are four parts: an upper and lower hollow part, forming the barrel; an upper and lower solid part, forming the plunger. The lower part of the barrel or chamber has a capacity of 6 cubic centimeters, which amount seems sufficient in any case, but less may be used if desired. The chamber is perforated at the remote end by five small openings, one of which is in the exact center of the tip; the other four are arranged radially around the central perforation, one centimeter from it and about equidistant from each other, drilled at an angle of forty-five degrees. The upper part of the plunger serves as a handle for the lower part or piston, which, when compressed, expresses the material from the chamber. The parts are screw-threaded, making assembly quick and easy.

The syringe when assembled, or when the chamber is removed for filling, is so constructed that it is impossible for the plunger to fall out from either end; also, when the filled chamber is attached, the face of the piston is in direct contact with the medicament. This eliminates all air space and the possibility of air injection.

To load syringe remove the lower part of the barrel, fill this chamber from a collapsible tube of the preparation indicated, then reattach. When this is done the instrument becomes almost self-lubricating, as sufficient material exudes through the perforations to insure easy passage into the vagina. More may be expressed, if desired, by gentle pressure.



Syringe for intravaginal treatment.

Treatment may be administered under direct vision through a vaginal speculum, or by simply introducing the syringe until the tip is in contact with the cervix. Pressure by one finger on the concave proximal end of the plunger is sufficient to completely express the contents of the chamber against the parts being treated.

The appliance is easily cleaned with soap and water, and may be sterilized by any method except the prolonged application of heat. It is a simple device, foolproof, positive in action, and with ordinary care will last for years.

MEDICAMENTS

The drugs used topically in the present-day practice of gynecology and venereology are all more or less efficient. Most any of them may be incorporated in a gelatinous base, and their value seems to be enhanced by so doing. This is due to the fact that the medicament remains in intimate contact with the tissues until removed, which is a much longer time than is possible with aqueous solutions, and in a better physical state than oily or greasy substances. Being water soluble, it is compatible with vaginal and cervical secretions, and is readily removed when desired.

Of the many preparations tried, two were meritorious enough to warrant devising the instrument described for their proper application. They have continued to prove of sufficient value to justify calling them to the attention of those interested in this field.

For gonorrhea, and cases of leukorrhea having a high count of pyogenic organisms, the preparation of greatest value is neutral acriflavine. A strength of 1 to 1000 in a modified mucilage of tragacanth base (gum tragacanth, 15 grams; glycerine, 85 cubic centimeters; distilled water to make 1000 cubic centimeters, slightly alkalinized by the addition of one-half per cent sodium benzoate which also serves as a preservative). This jelly is put up in 90 cubic centimeter collapsible tubes for ease in filling syringe.

The central perforation in the syringe usually ejects sufficient jelly to treat the cervical canal. If necessary it may be readily filled by means of a metallic tip screwed directly to the tube, or an ointment depositor having a cervical tip. The urethra, if infected, may be injected with this formula and allowed to remain until urination.

For simple leukorrhea and excessive secretion the preparation of choice is three per cent tannic acid in the same base. Treatment is completed by application of a tampon or vulva pad. It may well be left in all night and removed the following morning by a copious warm douche.

The syringe, with these or other preferred formulae, may also be used with pleasing results in the treatment of infected cervical lacerations, cervicitis, erosions, ulcerations, and vaginitis. It offers an excellent method for applying a simple lubricating jelly in cases lacking sufficient lubricating secretion, in vaginismus and dyspareunia, and where there is disparity in the relative size of the sexual organs.

The treatment is quick and efficacious in office practice. Being simple and foolproof, it is ideally adapted for sustained treatment by the patient at home between office visits.

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A NEW ORTHODIAGRAPH

By L. M. Rose, M. D.
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THE object in reporting this new method in outlining the shadow of the heart and vessels during fluoroscopic examination is because of the simplicity in construction of the apparatus, economy, exactness of shadow, rapidity in getting a permanent record of the heart and vessels, and easy attachment and detachment of the apparatus to any fluoroscopic table.

Orthodiagraphy is not new; there are several methods available to outline the cardiac shadow fluoroscopically. The apparatus may be expensive and only applicable to a certain table.

Pin-hole opening of diaphragm may be used with a fixed screen. The disadvantages of this method lie in the impossibility of seeing the whole cardiac shadow during the time of tracing the borders of the heart and vessels, and of moving the screen to examine other parts of the body. A small piece of lead may be attached to center of the tube and follow borders of cardiac shadow,

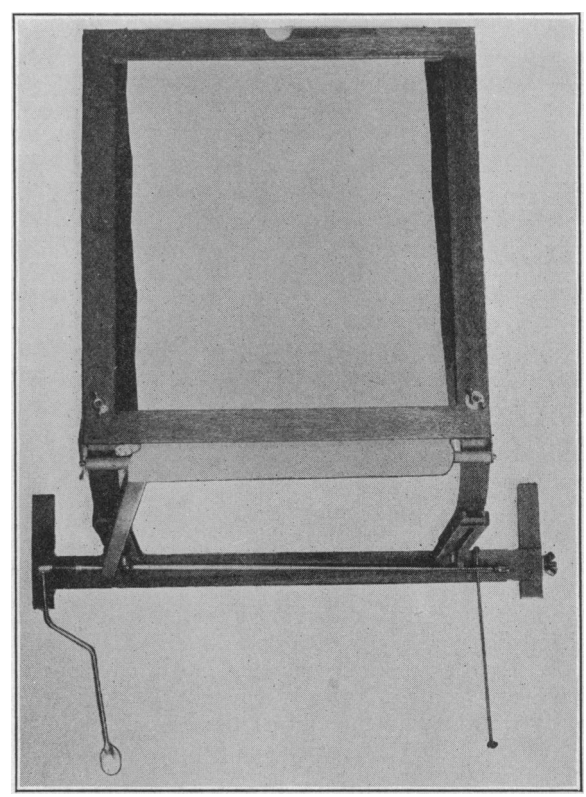

Fig. 1.—Frame carrying roll of paper on which cardiogram is recorded.